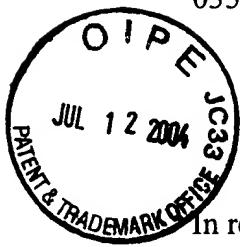


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PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TORU KOIZUMI

Application No.: 09/678,296

Filed: October 3, 2000

For: SOLID IMAGE PICKUP DEVICE,
IMAGE PICKUP SYSTEM AND
METHOD OF DRIVING SOLID
IMAGE PICKUP DEVICE

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Examiner: Yogesh K. Aggarwal
Group Art Unit: 2615
July 7, 2004

RECEIVED

JUL 21 2004

Technology Center 2600

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 7, 2004, please amend the above-identified application as follows. The claim changes are reflected in the listing that begins at page 2, and the Remarks begin at page 5.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 7, 2004
(Date of Deposit)

Frank A. DeLucia (Reg. No. 42,476)

Name of Attorney for Applicant)

July 7, 2004

Date of Signature

In re Application of:

TORU KOIZUMI

Application No.: 09/678,296

Filed: October 3, 2000

For: SOLID IMAGE PICKUP DEVICE, IMAGE
PICKUP SYSTEM AND METHOD OF
DRIVING SOLID IMAGE PICKUP DEVICE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Information Disclosure Statement in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 7	MINUS	** 33	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	*** 4	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

- A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$ 180.00 to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank A. DeLucia
Attorney for Applicant

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

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